



## INSTRUCTIONS FOR COMPLETING THE 2015 MONTANA TSD FACILITY ANNUAL REPORT FORM

**Please Read These Instructions Before Completing The Report Form**

### Who Must File

Under the Administrative Rules of Montana (ARM), owners or operators of permitted hazardous waste management facilities or facilities under a corrective action order must prepare and submit an annual report to the Department of Environmental Quality (DEQ) by March 1 of each year. The annual report must cover hazardous waste management activities related to the permit or corrective action order which were conducted during the previous calendar year.

Citations from Title 40, Code of Federal Regulations (CFR) referenced in these instructions are incorporated by reference in ARM, Title 17, Chapter 53.

### What to File

#### **Non-regulated Status and Non-generator**

If your facility **did not** generate, treat, store (for greater than accumulation time limits pursuant to 40 CFR 262.34), or dispose of regulated quantities of hazardous waste at **any** time during calendar year 2015, complete and submit:

1. Part One (General Information) to notify DEQ of your non-regulated status.

#### **Non-regulated Status and Generator**

If your facility generated and shipped hazardous waste **off-site**, but **did not** treat, store (for greater than accumulation time limits pursuant to 40 CFR 262.34), or dispose of any portion of that waste **on-site** in calendar year 2015, complete and submit:

1. Part One (General Information) to indicate your non-regulated status, and
2. The appropriate Generator Annual Hazardous Waste Report for your facility's generator status.

#### **Regulated Status and Generator**

If your facility generated and shipped hazardous waste **off-site** **and also** treated, stored (for greater than accumulation time limits pursuant to 40 CFR 262.34), or disposed of hazardous waste **on-site**, complete and submit:

1. Parts One (General Information), Two (Waste Identification and Final Management) and Three (Waste in Storage), and
2. The appropriate Generator Annual Hazardous Waste Report for your facility's generator status

### When and Where to File

The TSD Annual Facility Report must be submitted to the DEQ, Waste and Underground Tank Management Bureau, Hazardous Waste Program no later than March 1, 2016. You may be subject to enforcement action if your report is not filed by that date.

**The report must be postmarked no later than:  
March 1, 2016**

### What to Report

- All regulated quantities of hazardous waste treated, placed in storage, or disposed of, between January 1, 2015 and December 31, 2015.
- Any hazardous waste your facility received from other generators.
- Last management method of hazardous waste generated at your facility between January 1, 2015 and December 31, 2015.
- The total quantity of waste in storage at your facility as of December 31, 2015, reported by storage method.

Report only wastes regulated as either **characteristic** or **listed** hazardous wastes. Characteristic and listed wastes are identified in Subparts C and D of 40 CFR Part 261. Subparts C and D can be found at the following web sites:

- U.S Environmental Protection Agency:  
<http://www.ecfr.gov/cgi-bin/text-idx?SID=dbbadf6916ce486b1d0d2d1e18b6dd09&node=pt40.26.261&rqn=div5>
- GPO Access Site - *Code of Federal Regulations: Retrieve by CFR Citation* <http://www.gpoaccess.gov/cfr/retrieve.html>

Do not report wastes that are not regulated as hazardous under the Montana Hazardous Waste Regulations, even if manifested (for example: PCBs, asbestos).

If any or all of the hazardous waste handled by your facility was delisted at some time during calendar year 2015, you must still report those wastes for the portion of the year they were regulated. Please make a note of these waste(s) and the corresponding line number in the Comments sections of Part Two and Part Three.



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## PART ONE – GENERAL INFORMATION

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### I. NON-REGULATED STATUS

#### Facility DID treat, store or dispose

If the facility **DID** treat, store or dispose of regulated quantities of hazardous waste at any time during 2015:

1. Check the box marked YES in Section I, and
2. Complete Parts One through Three and return form to DEQ.

#### Facility DID NOT treat, store or dispose

If the facility **DID NOT** treat, store, or dispose of regulated quantities of hazardous waste at any time during 2015:

1. Check the box marked NO in Section I,
2. Check the box most applicable to how long the facility's non-regulated status is expected to apply,
3. Explain, in the space provided, the reason your facility is not subject to regulation, and
4. Complete only Part One and return form to DEQ.

### II. FACILITY EPA ID NUMBER AND DEQ PROJECT MANAGER

Verify your facility's 12 character EPA identification number. If you need assistance, contact your DEQ Project Manager.

DEQ Permitting Project Managers		
Initials	Name	Contact Info
AMK =	Ann Kron	(406) 444-5824 akron@mt.gov
DAK =	Denise Kirkpatrick	(406) 444-3983 dkirkpatrick@mt.gov
RAH =	Becky Holmes	(406) 444-2876 rholmes@mt.gov

### III. FACILITY NAME

Verify the name of your facility.

### IV. FACILITY LOCATION ADDRESS

Verify the location of your facility. **Do not use a Post Office Box or mailing address.**

### V. CONTACT INFORMATION

Verify the name, title, telephone number, extension, mailing address, fax number and email address of the person who may be contacted regarding information contained in this report.

### VI. ALTERNATE CONTACT

Verify the name, title, telephone number, extension, and email address of whom we may contact if the Contact person is not available.

### VII. COST ESTIMATES

1. Enter the most recent cost estimate for closure and post-closure care for regulated hazardous waste management unit(s), if applicable.
2. Enter the most recent cost estimate for facility wide corrective action.

### VIII. CERTIFICATION

1. Type or print the name and title of the owner or operator of the facility or an authorized representative (e.g. the plant manager, superintendent or person of equivalent responsibility) and date signed.
2. Signature:
  - a. Electronic Submittal: insert an electronic signature or type the name.
  - b. Hard Copy by Mail or Delivery: print the report and sign.

#### Reminders

- Enter information or corrections in the shaded areas of the form
- Make copies of parts two and three before entering information on the forms



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## PART TWO - WASTE IDENTIFICATION AND FINAL MANAGEMENT

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Part Two reports detailed information about the hazardous waste your facility generated, and/or received from off-site generators, that was treated, stored (for greater than accumulation time limits pursuant to 40 CFR 262.34), or disposed of at your facility during calendar year 2015. Page 9 is an example of a completed Waste Identification and Final Management form.

When reporting waste management at the facility, you must clearly segregate wastes generated at your facility from any wastes received from off-site generators. Use separate Waste Identification and Final Management forms for wastes generated at your facility and for any wastes received from off-site generators.

For example:

1. Your facility generated 70 different wastes during the calendar year 2015. These wastes were stored and/or treated at your facility. You would report these wastes on Part Two forms and check the box in Section IX (Generated On-Site) for each page listing your facility's waste.
2. Your facility received 12 different wastes from an off-site generator during calendar year 2015. These wastes were then stored at your facility until shipment to a permitted hazardous waste disposal facility. You would report these wastes on Part Two forms, entering the off-site generator name and EPA identification (ID) number in Sections X through XII for each page listing the off-site generator wastes.

### IX. GENERATED ON-SITE

If wastes reported on this page were generated and treated, stored, or disposed of at your facility, check the box marked **GENERATED ON-SITE** and enter "NA" in Sections X, XI and XII.

**DO NOT** check this box if you are reporting wastes received from off-site generators.

### X. GENERATOR EPA ID NUMBER

Enter the EPA ID number of the off-site generator of the waste received by your facility during calendar year 2015 and described in Section XIII.

If the waste was generated at the facility, enter "NA."

### XI. GENERATOR NAME

Enter the name of the generator corresponding to the generator's EPA identification (ID) number in Section X.

If the waste was generated at the facility, enter "NA."

### XII. GENERATOR ADDRESS

Enter the mailing address of the generator with the EPA ID number listed in Section X.

If the waste was generated at the facility, enter "NA."

## XIII. WASTE IDENTIFICATION AND MANAGEMENT

Each waste or waste mixture must be listed on a separate line. All wastes, including those wastes in storage on December 31, 2015, must be reported.

In the **Line #** column, enter a consecutive number starting with 1 for each waste or waste mixture.

### A. Description of Waste

**Listed hazardous wastes:** enter the waste name from 40 CFR Part 261, Subpart D, abbreviated if necessary. For mixtures of listed wastes, enter the description that best describes the waste.

**Characteristic hazardous wastes:** include the following information:

- the description from the list of characteristics in 40 CFR Part 261, Subpart C which best describes the waste;
- the specific manufacturing or other process generating the waste; and
- the chemical or generic chemical name of the waste, if known.

### B. EPA Hazardous Waste Codes

**Listed hazardous wastes:** enter the four-character EPA Hazardous Waste Number from 40 CFR Part 261, Subpart D.

**Characteristic hazardous wastes:** enter the four-character EPA Hazardous Waste Number from 40 CFR Part 261, Subpart C.

**Mixtures of more than one listed or characteristic waste:** enter all of the relevant EPA Hazardous Waste Codes. Four spaces are provided on each line. Continue on the next line(s) if more spaces are needed and leave the rest of that line blank (as shown on Lines 6 and 7 of the example on Page 9).

### C. Last or Final Management Method Code

Enter the final Management Method Code which represents the waste's last or final disposition at the end of the reporting year. Last or Final Management Method Codes are listed in Table 1.

When wastes were managed in multiple stages, report the final management method used to treat or dispose of the hazardous waste. Use the codes for On-site Storage Methods when the waste is in storage at your facility on December 31, 2015.

For example:

1. A waste that is placed in storage at the beginning of the calendar year and then placed on a land treatment unit at the facility mid-year must be reported with the Management Method Code H131.



2. A waste placed in storage and then shipped to an off-site facility for metals recovery must be reported as Management Method Code H010.
3. A drum containing waste solvent in storage on December 31, 2015 must be reported as On-site Storage Code S01.

**D. Last or Final Management Location**

Check the box which indicates the location of final management of the waste.

**E. Amount of Waste**

Enter the quantity of each waste or waste mixture.

**F. Unit Of Measure**

Enter the unit of measure code for the quantity of waste. Use units of measure and corresponding codes from Table 2.

Provide the density (rounded off to the nearest tenth) if gallons or liters or cubic yards are used as the unit of measure. Check the correct box for density measurement (either pounds per gallon or specific gravity).

**XIV. COMMENTS**

Use the Comments to explain or clarify any entry. Include a cross-reference to the appropriate Section and Line number.

**Reminder**

- Enter the page number of each sheet and the total number of pages in the upper right-hand corner of each page.



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## PART THREE – TOTAL WASTE IN STORAGE ON DECEMBER 31, 2015

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Part Three reports details about hazardous waste in storage at your facility on December 31, 2015. Page 10 is an example of a completed Waste in Storage form.

You must report the amount of hazardous waste in storage at the facility on December 31, 2015. This would include:

- The amount of waste in storage that was generated or received during the current reporting year, and
- The amount of waste in storage that was generated in previous reporting years.

### **XV. WASTE IN STORAGE AT YEAR-END**

Check the appropriate box to indicate whether hazardous waste was in storage at your facility on December 31, 2015.

Complete Section XVI if you check YES. Do not fill out Section XVI if you check NO.

### **XVI. WASTE IN STORAGE**

Each waste or waste mixture in storage on December 31, 2015 must be reported on a separate line.

In the **Line #** column, enter a consecutive number starting with 1 for each waste or waste mixture.

#### **A. Description of Waste**

**Listed hazardous wastes:** enter the waste name from 40 CFR Part 261, Subpart D, abbreviated if necessary. For mixtures of listed wastes, enter the description that you believe best describes the waste.

**Characteristic hazardous wastes:** include the following:

- the description from the list of characteristics in 40 CFR Part 261, Subpart C which best describes the waste;
- the specific manufacturing or other process generating the waste; and
- the chemical or generic chemical name of the waste, if known.

#### **B. EPA Hazardous Waste Codes**

**Listed wastes:** enter the four-character EPA Hazardous Waste Number from 40 CFR Part 261, Subpart D.

**Characteristic wastes:** enter the four-character EPA Hazardous Waste Number from 40 CFR Part 261, Subpart C.

**Mixtures of more than one listed or characteristic waste:** enter all of the relevant EPA Hazardous Waste Codes. Four spaces are provided for this on each line. Continue on the next line(s) if more spaces are needed and leave the rest of that line blank.

#### **C. On-Site Storage Process Code**

Enter the appropriate on-site storage code from Table 1.

#### **D. Amount of Waste**

Enter the quantity of each waste or waste mixture.

#### **E. Unit of Measure**

Enter the unit of measure code for the quantity of waste. Use units of measure and corresponding codes from Table 2. You do not need to include density information.

#### **F. Year Waste Placed In Storage**

Enter the year the waste was placed in storage at your facility.

### **XVII. COMMENTS**

Use the Comments to explain or clarify any entry. Include a cross-reference to the appropriate Section and Line number.

#### **Reminders**

- Sign the Certification Statement (Section VIII)
- Report forms must be submitted to DEQ and postmarked no later than **MARCH 1, 2016**



**PLEASE MAIL OR EMAIL COMPLETED FORMS TO:**

Waste & Underground Tank Management Bureau  
Hazardous Waste Program  
P.O. Box 200901 (US Postal Service)  
1520 East Sixth Ave. (FedEx or United Parcel Services)  
Helena MT 59620-0901  
Email: [DEQ Hazardous Waste Program](mailto:deqhazwaste@mt.gov) (deqhazwaste@mt.gov)

**For additional information, contact the Hazardous Waste Program:**

(406) 444-5300  
Website: <http://deq.mt.gov/HazWaste/default.mcp>



**TABLE 1**  
**LAST OR FINAL MANAGEMENT METHOD CODES**

<b>CODE</b>	<b>MANAGEMENT METHOD</b>
<b>Reclamation and Recovery</b>	
H010	Metals recovery including retorting, smelting, chemical, etc.
H020	Solvents recovery (distillation, extraction, etc.)
H039	Other recovery or reclamation for reuse including acid regeneration, organics recovery, etc. (specify in comments)
H050	Energy recovery at this site – used as fuel (includes on-site fuel blending before energy recovery; report only this code)
H061	Fuel blending prior to energy recovery at another site (waste generated either on-site or received from
<b>Destruction or Treatment Prior to Disposal at Another Site</b>	
H040	Incineration – thermal destruction other than use as a fuel (includes any preparation prior to burning)
H070	Chemical treatment (reduction/destruction/oxidation/precipitation); do not include immediate treatment in an exempted wastewater treatment unit with discharge to a NPDES-POTW (unless required by state)
H081	Biological treatment; do not include immediate treatment in an exempted wastewater treatment unit with discharge to a NPDES-POTW (unless required by state)
H100	Physical treatment only (adsorption/absorption/separation/stripping/dewatering), do not include immediate treatment in an exempted wastewater treatment unit with discharge to a NPDES-POTW (unless required by state)
H110	Stabilization prior to land disposal at another site (encapsulation/stabilization/fixation)
H120	Combination of chemical, biological, and/or physical treatment; do not include immediate treatment in an exempted wastewater treatment unit with discharge to a NPDES-POTW (unless required by state)
H121	Neutralization only (no other treatment)
H122	Evaporation (as the major component of treatment; not reportable as H070, H081, H100, or H120)
H123	Settling or clarification (as the major component of treatment; not reportable as H071 – H083)
H129	Other treatment that does not include onsite disposal (specify in comments)
<b>Disposal</b>	
H131	Land treatment or application ( to include any prior treatment and/or stabilization)
H132	Landfill or surface impoundment that will be closed as landfill ( to include any prior treatment and/or stabilization)
H134	Deepwell or underground injection (with or without treatment; this waste was counted as hazardous waste)
H135	Discharge to sewer/POTW or NPDES (with prior storage – with or without treatment)
<b>Transfer Off Site</b>	
H141	The site receiving this waste stored/bulked and transferred the waste with no treatment or recovery (H010 – H129), or disposal (H131 – H135) at the receiving site. <b>Do not use for on-site final management code</b>
<b>CODE</b>	<b>ON-SITE STORAGE METHOD - use when waste is in storage on December 31<sup>st</sup> of reporting year</b>
S01	Container (Barrel, Drum, etc.)
S02	Tank
S03	Waste Pile
S04	Surface Impoundment
S05	Drip Pad
S06	Containment Building-Storage
S99	Other Storage (specify in Comments)



TABLE 2 UNIT OF MEASURE CODES	
CODE	UNIT OF MEASURE
1	Pounds
2	Short Tons (2,000 pounds)
3	Kilograms
4	Metric tons (1,000 kilograms)
5	Gallons
6	Liters
7	Cubic yards
Weight and Volume Conversions	
1 kilogram (kg) = 2.2046 pounds (lb) 1 short ton = 2.000 lb 1 metric ton = 1,000 kg 1 metric ton = 1.1023 short tons 1 cubic meter (m) = 1.3079 cubic yards 1 cubic yard (yd) = 27 cubic feet (ft) 1 liter (l) = .02642 gallons (gal)	





### EXAMPLE

*(Make copies of this sheet for additional pages)*

Page 14 of 23

## PART TWO

## WASTE IDENTIFICATION AND FINAL MANAGEMENT

<b>IX. <input checked="" type="checkbox"/> Generated On-Site</b> Check box if waste was generated <u>and</u> treated, stored (for greater than accumulation time limits pursuant to 40 CFR 262.34), or disposed at your facility, then enter "NA" in Sections X, XI, and XII.		<b>XI. Generator Name</b> Hall's Petroleum Refinery									
		<b>XII. Generator Address</b> Refinery Road <small>(Specify generator from whom all wastes listed on this page were received)</small> <small>(Street or P.O. Box)</small>									
<b>X. Generator EPA ID Number</b> MTD123456789 <small>(Enter Generator 12 digit EPA ID No.)</small>		Town <u>MT</u> <u>XXXXX</u> <small>(City or Town)</small> <small>(State)</small> <small>(Zip Code)</small>									
<b>XIII. A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>		<b>F</b>	
<b>Line #</b>	<b>Description of Waste</b>	<b>EPA Hazardous Waste Codes</b>		<b>Last or Final Management Method</b>	<b>Last or Final Management Location</b>	<b>Amount of Waste</b>	<b>Unit of Measure</b>				
							<b>Density</b>	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			
1	Warfarin and warfarin salts	P001		H040	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Off-site	0.5	2	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			
2	Petroleum refinery primary oil/water/solids separation sludge	F037		H040	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Off-site	3679	2	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			
3	Corrosive cyclic amino ether	D001		H040	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Off-site	300	5	<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg			
4	API Separator sludge from the petroleum refining industry	K051		S01	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> Off-site	840	2	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			
5	Chlorinated distillation residues	K016	K018	S01	<input checked="" type="checkbox"/> On-site <input type="checkbox"/> Off-site	30	1	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			
		K030			<input type="checkbox"/> On-site <input type="checkbox"/> Off-site			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg			
<b>XIV. COMMENTS:</b>		Lines 4 and 5 – Wastes in storage on December 31, 2015.									

## EXAMPLE

*(Make copies of this sheet for additional pages)*

Page 1 of 1

<b>PART THREE</b>		<b>TOTAL WASTE IN STORAGE ON DECEMBER 31, 2015</b>							
<b>XV.</b>	<input type="checkbox"/>	<b>NO - No Waste was in storage on December 31, 2015</b> Check this box if NO hazardous waste was in storage at your facility on December 31, 2015.							
	<input checked="" type="checkbox"/>	<b>YES - Waste was in storage on December 31, 2015</b> Check this box if hazardous waste was in storage at your facility on December 31, 2015, then fill out Section XVI.							
<b>XVI.</b>	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	<b>E</b>	<b>F</b>
<b>Line #</b>	<b>Description of Waste</b>		<b>EPA Hazardous Waste Codes</b>		<b>On-Site Storage Process Code</b>		<b>Amount of Waste</b>	<b>Unit of Measure</b>	<b>Year Waste Placed in Storage</b>
1	API Separator sludge from the petroleum refining industry		K051		S	01	840	5	2015
2	Chlorinated distillation residues		K016	K018	S	01	30	1	2014
			K019	K020					
			K030		S				
					S				
					S				
					S				
					S				
<b>XVII. COMMENTS:</b>									